

# House File 2417 - Introduced

HOUSE FILE 2417  
BY COMMITTEE ON HUMAN  
RESOURCES

(SUCCESSOR TO HSB 637)

## A BILL FOR

1 An Act relating to the redesign of mental health and  
2 disabilities services administered by regions comprised of  
3 counties.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 135.180, subsection 3, Code 2014, is  
2 amended to read as follows:

3 3. The program shall provide stipends to support  
4 psychiatrist positions with an emphasis on securing and  
5 retaining medical directors at community mental health centers,  
6 ~~providers of mental health services to county residents~~  
7 ~~pursuant to a waiver approved under section 225C.7, subsection~~  
8 ~~3, designated under chapter 230A~~ and hospital psychiatric units  
9 that are located in mental health professional shortage areas.

10 Sec. 2. Section 222.2, subsection 3, Code 2014, is amended  
11 by striking the subsection.

12 Sec. 3. Section 222.2, Code 2014, is amended by adding the  
13 following new subsections:

14 NEW SUBSECTION. 5A. "*Mental health and disability services*  
15 *region*" means a mental health and disability services region  
16 formed in accordance with section 331.389.

17 NEW SUBSECTION. 5B. "*Regional administrator*" means the  
18 regional administrator of a mental health and disabilities  
19 services region, as defined in section 331.388.

20 Sec. 4. Section 222.6, Code 2014, is amended to read as  
21 follows:

22 **222.6 State districts.**

23 The administrator shall divide the state into two districts  
24 in such manner that one of the resource centers shall be  
25 located within each of the districts. Such districts may  
26 from time to time be changed. After such districts have been  
27 established, the administrator shall notify all boards of  
28 supervisors, regional administrators of the mental health and  
29 disability services regions, county auditors, and clerks of  
30 the district courts of the action. Thereafter, unless the  
31 administrator otherwise orders, all admissions or commitments  
32 of persons with an intellectual disability from a district  
33 shall be to the resource center located within such district.

34 Sec. 5. Section 222.12, subsection 2, Code 2014, is amended  
35 to read as follows:

1     2. Notice of the death of the patient, and the cause  
2 of death, shall be sent to the ~~county board of supervisors~~  
3 regional administrator of the mental health and disability  
4 services region of the patient's county of residence and to  
5 the judge of the court that had jurisdiction over a committed  
6 patient. The fact of death with the time, place, and alleged  
7 cause shall be entered upon the docket of the court.

8     Sec. 6. Section 222.13, Code 2014, is amended to read as  
9 follows:

10     **222.13 Voluntary admissions.**

11     1. If an adult person is believed to be a person with  
12 an intellectual disability, the adult person or the adult  
13 person's guardian may submit a request in writing through the  
14 ~~central point of coordination process for the county board of~~  
15 ~~supervisors of~~ regional administrator of the mental health and  
16 disability services region for the adult person's county of  
17 residence to apply to the superintendent of any state resource  
18 center for the voluntary admission of the adult person either  
19 as an inpatient or an outpatient of the resource center. The  
20 ~~board of supervisors~~ regional administrator shall, on forms  
21 prescribed by the department's administrator, apply to the  
22 superintendent of the resource center in the district for  
23 the admission of the adult person to the resource center.  
24 An application for admission to a special unit of any adult  
25 person believed to be in need of any of the services provided  
26 by the special unit under section 222.88 may be made in the  
27 same manner, upon request of the adult person or the adult  
28 person's guardian. The superintendent shall accept the  
29 application if a preadmission diagnostic evaluation, ~~performed~~  
30 authorized through the ~~central point of coordination process~~  
31 regional administrator, confirms or establishes the need for  
32 admission, except that an application shall not be accepted if  
33 the institution does not have adequate facilities available or  
34 if the acceptance will result in an overcrowded condition.

35     2. If the resource center ~~has no~~ does not have an

1 appropriate program for the treatment of an adult ~~or minor~~  
2 person with an intellectual disability applying under this  
3 section or section 222.13A, the ~~board of supervisors~~ regional  
4 administrator shall arrange for the placement of the person in  
5 any public or private facility within or without the state,  
6 approved by the director ~~of the department~~ of human services,  
7 which offers appropriate services for the person, as determined  
8 ~~through the central point of coordination process~~ by the  
9 regional administrator.

10 3. Upon applying for admission of an adult ~~or minor~~ person  
11 to a resource center, or a special unit, or upon arranging for  
12 the placement of the person in a public or private facility,  
13 the ~~board of supervisors~~ regional administrator shall make a  
14 full investigation into the financial circumstances of that  
15 person and those liable for that person's support under section  
16 222.78 to determine whether or not any of them are able to  
17 pay the expenses arising out of the admission of the person  
18 to a resource center, special treatment unit, or public or  
19 private facility. If the ~~board~~ regional administrator finds  
20 that the person or those legally responsible for the person  
21 are presently unable to pay the expenses, the ~~board~~ regional  
22 administrator shall ~~direct that~~ authorize the expenses to be  
23 paid by the county region. The ~~board~~ regional administrator  
24 may review its finding at any subsequent time while the person  
25 remains at the resource center, or is otherwise receiving care  
26 or treatment for which this chapter obligates the ~~county region~~  
27 to pay. If the ~~board~~ regional administrator finds upon review  
28 that the person or those legally responsible for the person  
29 are presently able to pay the expenses, the finding shall  
30 apply only to the charges incurred during the period beginning  
31 on the date of the review and continuing thereafter, unless  
32 and until the ~~board~~ regional administrator again changes its  
33 finding. If the ~~board~~ regional administrator finds that the  
34 person or those legally responsible for the person are able  
35 to pay the expenses, the ~~board~~ regional administrator shall

1 direct that the charges be so paid to the extent required by  
2 section 222.78, and the county auditor of the person's county  
3 of residence shall be responsible for the collection of the  
4 charges.

5 Sec. 7. Section 222.13A, Code 2014, is amended to read as  
6 follows:

7 **222.13A Voluntary admissions — minors.**

8 1. If a minor is believed to be a person with an  
9 intellectual disability, the minor's parent, guardian, or  
10 custodian may ~~request the county board of supervisors to~~  
11 apply to the department for admission of the minor as a  
12 voluntary patient in a state resource center. If the resource  
13 center does not have appropriate services for the minor's  
14 treatment, the ~~board of supervisors~~ department may arrange for  
15 the admission of the minor in a public or private facility  
16 within or without the state, approved by the director of human  
17 services, which offers appropriate services for the minor's  
18 treatment.

19 2. Upon receipt of an application for voluntary admission of  
20 a minor, the ~~board of supervisors~~ department shall provide for  
21 a preadmission diagnostic evaluation of the minor to confirm  
22 or establish the need for the admission. The preadmission  
23 diagnostic evaluation shall be performed by a person who meets  
24 the qualifications of a qualified intellectual disability  
25 professional who is designated ~~through the central point of~~  
26 coordination process by the department.

27 3. During the preadmission diagnostic evaluation, the  
28 minor shall be informed both orally and in writing that the  
29 minor has the right to object to the voluntary admission. If  
30 the preadmission diagnostic evaluation determines that the  
31 voluntary admission is appropriate but the minor objects to  
32 the admission, the minor shall not be admitted to the state  
33 resource center unless the court approves of the admission. A  
34 petition for approval of the minor's admission may be submitted  
35 to the juvenile court by the minor's parent, guardian, or

1 custodian.

2 4. As soon as practicable after the filing of a petition for  
3 approval of the voluntary admission, the court shall determine  
4 whether the minor has an attorney to represent the minor in the  
5 proceeding. If the minor does not have an attorney, the court  
6 shall assign to the minor an attorney. If the minor is unable  
7 to pay for an attorney, the attorney shall be compensated by  
8 the county at an hourly rate to be established by the ~~county~~  
9 ~~board of supervisors~~ regional administrator in substantially  
10 the same manner as provided in section 815.7.

11 5. The court shall order the admission of a minor who  
12 objects to the admission, only after a hearing in which it  
13 is shown by clear and convincing evidence that both of the  
14 following circumstances exist:

15 a. The minor needs and will substantially benefit from  
16 treatment or habilitation.

17 b. A placement which involves less restriction of the  
18 minor's liberties for the purposes of treatment or habilitation  
19 is not feasible.

20 Sec. 8. Section 222.14, Code 2014, is amended to read as  
21 follows:

22 **222.14 Care by ~~county~~ region pending admission.**

23 If the institution is unable to receive a patient, the  
24 superintendent shall notify the ~~county board of supervisors~~  
25 ~~of~~ regional administrator for the county from which the  
26 application in behalf of the prospective patient was made of  
27 the time when such person may be received. Until such time as  
28 the patient is able to be received by the institution, or when  
29 application has been made for admission to a public or private  
30 facility as provided in section 222.13 and the application is  
31 pending, the care of ~~said person~~ the patient shall be provided  
32 as arranged by the ~~county board of supervisors~~ regional  
33 administrator.

34 Sec. 9. Section 222.22, Code 2014, is amended to read as  
35 follows:

1     **222.22 Time of appearance.**

2     The time of appearance shall not be less than five days  
3 after completed service unless the court orders otherwise.  
4 Appearance on behalf of the person who is alleged to have  
5 an intellectual disability may be made by any citizen of the  
6 county or by any relative. The district court shall assign  
7 counsel for the person who is alleged to have an intellectual  
8 disability. Counsel shall prior to proceedings personally  
9 consult with the person who is alleged to have an intellectual  
10 disability unless the judge appointing counsel certifies that  
11 in the judge's opinion, consultation shall serve no useful  
12 purpose. The certification shall be made a part of the record.  
13 An attorney assigned by the court shall be compensated by the  
14 county at an hourly rate to be established by the ~~county board~~  
15 ~~of supervisors~~ regional administrator for the person's county  
16 of residence in substantially the same manner as provided in  
17 section 815.7.

18     Sec. 10. Section 222.28, Code 2014, is amended to read as  
19 follows:

20     **222.28 Commission to examine.**

21     The court may, at or prior to the final hearing, appoint  
22 a commission of one qualified physician and one qualified  
23 psychologist, designated ~~through the central point of~~  
24 ~~coordination process~~ by the regional administrator for the  
25 person's county of residence, who shall make a personal  
26 examination of the person alleged to have an intellectual  
27 disability for the purpose of determining the mental condition  
28 of the person.

29     Sec. 11. Section 222.31, subsection 1, paragraph b, Code  
30 2014, is amended to read as follows:

31     b. (1) Commit the person to the state resource center  
32 designated by the administrator to serve the ~~county mental~~  
33 health and disability services region in which the hearing  
34 is being held, or to a special unit. The court shall, prior  
35 to issuing an order of commitment, request that a diagnostic

1 evaluation of the person be made by a person qualified to  
2 perform the diagnostic evaluation. The cost of the evaluation  
3 shall be defrayed by the committed person's county of  
4 residence unless otherwise ordered by the court. The cost  
5 of the evaluation to be charged may be equal to but shall  
6 not exceed the actual cost of the evaluation. An order of  
7 commitment shall not be issued unless the superintendent of the  
8 institution recommends that the order be issued and advises the  
9 court that adequate facilities for the care of the person are  
10 available.

11 (2) The court shall examine the report of the county  
12 attorney filed pursuant to section 222.13, and if the report  
13 shows that neither the person nor those liable for the person's  
14 support under section 222.78 are presently able to pay the  
15 charges rising out of the person's care in a resource center,  
16 or special treatment unit, shall enter an order stating that  
17 finding and directing that the charges be paid by the regional  
18 administrator for the person's county of residence. The  
19 court may, upon request of the ~~board of supervisors~~ regional  
20 administrator, review its finding at any subsequent time while  
21 the person remains at the resource center, or is otherwise  
22 receiving care or treatment for which this chapter obligates  
23 the county to pay. If the court finds upon review that  
24 the person or those legally responsible for the person are  
25 presently able to pay the expenses, that finding shall apply  
26 only to the charges incurred during the period beginning on the  
27 date of the ~~board's~~ regional administrator's request for the  
28 review and continuing thereafter, unless and until the court  
29 again changes its finding. If the court finds that the person,  
30 or those liable for the person's support, are able to pay the  
31 charges, the court shall enter an order directing that the  
32 charges be so paid to the extent required by section 222.78.

33 Sec. 12. Section 222.59, subsection 1, unnumbered paragraph  
34 1, Code 2014, is amended to read as follows:

35 Upon receiving a request from an authorized requester, the



1 superintendent of a state resource center shall coordinate  
 2 with the ~~central point of coordination process~~ regional  
 3 administrator for the person's county of residence or  
 4 the department, as applicable, in assisting the requester  
 5 in identifying available community-based services as an  
 6 alternative to continued placement of a patient in the state  
 7 resource center. For the purposes of this section, "*authorized*  
 8 *requester*" means the parent, guardian, or custodian of a minor  
 9 patient, the guardian of an adult patient, or an adult patient  
 10 who does not have a guardian. The assistance shall identify  
 11 alternatives to continued placement which are appropriate to  
 12 the patient's needs and shall include but are not limited to  
 13 any of the following:

14 Sec. 13. Section 222.60, subsection 1, Code 2014, is amended  
 15 to read as follows:

16 1. All necessary and legal expenses for the cost of  
 17 admission or commitment or for the treatment, training,  
 18 instruction, care, habilitation, support and transportation of  
 19 persons with an intellectual disability, as provided for in  
 20 the ~~county~~ applicable regional service system management plan  
 21 ~~provisions~~ implemented pursuant to section ~~331.439, subsection~~  
 22 ~~± 331.393~~, in a state resource center, or in a special unit,  
 23 or any public or private facility within or without the state,  
 24 approved by the director of human services, shall be paid by  
 25 either:

26 a. ~~The~~ If the person is not eligible for the medical  
 27 assistance program and the service is covered by the regional  
 28 service system management plan of the person's county of  
 29 residence, the county of residence.

30 b. The state when the person is eligible for the medical  
 31 assistance program, or when the person is a resident in another  
 32 state, or in a foreign country, or the residence is unknown.  
 33 The For persons addressed by this paragraph other than those  
 34 eligible for the medical assistance program, the payment  
 35 responsibility shall be deemed to be a state case.

1     Sec. 14. Section 222.60, subsection 2, Code 2014, is amended  
2 to read as follows:

3     2. *a.* Prior to the regional administrator for a county of  
4 residence approving the payment of expenses for a person under  
5 this section, the ~~county~~ regional administrator may require  
6 that the person be diagnosed to determine if the person has  
7 an intellectual disability or that the person be evaluated to  
8 determine the appropriate level of services required to meet  
9 the person's needs relating to an intellectual disability. The  
10 diagnosis and the evaluation may be performed concurrently and  
11 shall be performed by an individual or individuals approved  
12 by the regional administrator for the person's county who  
13 are qualified to perform the diagnosis or the evaluation.  
14 Following the initial approval for payment of expenses, the  
15 ~~county regional administrator~~ may require that an evaluation be  
16 performed at reasonable time periods.

17     *b.* The cost of a ~~county-required~~ regional  
18 administrator-required diagnosis and an evaluation is  
19 at the county's expense. For a state case, the state may apply  
20 the diagnosis and evaluation provisions of this subsection at  
21 the state's expense.

22     *c.* A diagnosis or an evaluation under this section may be  
23 part of a ~~county's central point of coordination process under~~  
24 ~~section 331.440~~ diagnosis and assessment process implemented  
25 by the applicable regional administrator, provided that a  
26 diagnosis is performed only by an individual qualified as  
27 provided in this section.

28     Sec. 15. Section 222.61, Code 2014, is amended to read as  
29 follows:

30     **222.61   Residency determined.**

31     When a county receives an application on behalf of any  
32 person for admission to a resource center or a special unit  
33 or when a court issues an order committing any person to a  
34 resource center or a special unit, the board of supervisors  
35 shall refer the determination of residency to the ~~central point~~

1 ~~of coordination process~~ regional administrator for the county  
2 to determine and certify that the residence of the person is  
3 in one of the following:

- 4 1. In the county in which the application is received or in  
5 which the court is located.
- 6 2. In some other county of the state.
- 7 3. In another state or in a foreign country.
- 8 4. Unknown.

9 Sec. 16. Section 222.62, Code 2014, is amended to read as  
10 follows:

11 **222.62 Residency in another county.**

12 When the board of supervisors determines through the ~~central~~  
13 ~~point of coordination process~~ regional administrator for the  
14 county that the residency of the person is other than in the  
15 county in which the application is received, the determination  
16 shall be certified to the superintendent of the resource  
17 center or the special unit where the person is a patient. The  
18 certification shall be accompanied by a copy of the evidence  
19 supporting the determination. ~~The~~ If the person is not  
20 eligible for the medical assistance program, the superintendent  
21 shall charge the expenses already incurred and unadjusted, ~~and~~  
22 ~~all future expenses of the patient,~~ to the county certified to  
23 be the county of residency.

24 Sec. 17. Section 222.63, Code 2014, is amended to read as  
25 follows:

26 **222.63 Finding of residency — objection.**

27 A ~~board of supervisors'~~ certification utilizing the  
28 ~~central point of coordination process~~ through the regional  
29 administrator for a county that a person's residency is  
30 in another county shall be sent to the ~~auditor of regional~~  
31 administrator for the county of residence. The certification  
32 shall be accompanied by a copy of the evidence supporting the  
33 determination. The ~~auditor of regional administrator for~~  
34 the county of residence shall submit the certification to  
35 the regional governing board of supervisors of the auditor's

1 for the county and it shall be conclusively presumed that  
2 the patient has residency in that county unless the regional  
3 administrator for that county disputes the determination of  
4 residency as provided in section 331.394.

5 Sec. 18. Section 222.64, Code 2014, is amended to read as  
6 follows:

7 **222.64 Foreign state or country or unknown residency.**

8 If the residency of the person is determined by a regional  
9 administrator on behalf of a county or by the state to be in  
10 a foreign state or country or is determined to be unknown,  
11 the ~~county~~ regional administrator or the state shall certify  
12 the determination ~~to the administrator~~. The certification  
13 shall be accompanied by a copy of the evidence supporting the  
14 determination. The care of the person shall be as arranged  
15 by the ~~county~~ regional administrator or the state or by an  
16 order as the court may enter. Application for admission or  
17 order of commitment may be made pending investigation by the  
18 administrator.

19 Sec. 19. Section 222.73, subsection 2, paragraph a,  
20 subparagraph (6), Code 2014, is amended to read as follows:

21 (6) A county shall not be billed for the cost of a patient  
22 unless the patient's admission is authorized through the  
23 applicable ~~central point of coordination process~~ regional  
24 administrator. The state resource center and the ~~county~~  
25 regional administrator shall work together to locate  
26 appropriate alternative placements and services, and to educate  
27 patients and the family members of patients regarding such  
28 alternatives.

29 Sec. 20. Section 222.73, subsection 2, paragraph b, Code  
30 2014, is amended to read as follows:

31 b. The per diem costs billed to each county shall not exceed  
32 the per diem costs billed to the county in the fiscal year  
33 beginning July 1, 1996. However, the per diem costs billed  
34 to a county may be adjusted ~~in~~ for a fiscal year to reflect  
35 increased costs to the extent of the percentage increase in the

1 ~~total of county fixed budgets pursuant to the allowed growth~~  
2 ~~factor adjustment authorized~~ statewide per capita expenditure  
3 target amount, if any per capita growth amount is authorized by  
4 the general assembly for that fiscal year in accordance with  
5 section ~~331.439~~ 331.424A.

6 Sec. 21. Section 222.74, Code 2014, is amended to read as  
7 follows:

8 **222.74 Duplicate to county.**

9 When certifying to the department amounts to be charged  
10 against each county as provided in section 222.73, the  
11 superintendent shall send to the county auditor of and the  
12 regional administrator for each county against which the  
13 superintendent has so certified any amount, a duplicate of  
14 the certification statement. The county auditor upon receipt  
15 of the duplicate certification statement and approval by the  
16 regional administrator for payment of the certified amount  
17 shall enter it to the credit of the state in the ledger of  
18 state accounts, and shall immediately issue a notice to the  
19 county treasurer authorizing the treasurer to transfer the  
20 amount from the county fund to the general state revenue. The  
21 county treasurer shall file the notice as authority for making  
22 the transfer and shall include the amount transferred in the  
23 next remittance of state taxes to the treasurer of state,  
24 designating the fund to which the amount belongs.

25 Sec. 22. Section 222.92, subsection 3, paragraph a, Code  
26 2014, is amended to read as follows:

27 a. Moneys received by the state from billings to counties  
28 and regional administrators for the counties.

29 Sec. 23. Section 225.1, Code 2014, is amended to read as  
30 follows:

31 **225.1 Establishment — definitions.**

32 1. There shall be established a The state psychiatric  
33 hospital, is established. The hospital shall be especially  
34 designed, kept, and administered for the care, observation,  
35 and treatment of those persons who are afflicted with abnormal

1 mental conditions.

2 2. For the purposes of this chapter, unless the context  
3 otherwise requires:

4 a. "Mental health and disability services region" means  
5 a mental health and disability services region approved in  
6 accordance with section 331.389.

7 b. "Regional administrator" means the administrator of a  
8 mental health and disability services region, as defined in  
9 section 331.388.

10 Sec. 24. Section 225.10, unnumbered paragraph 1, Code 2014,  
11 is amended to read as follows:

12 Persons suffering from mental diseases may be admitted to  
13 the state psychiatric hospital as voluntary public patients  
14 if a physician authorized to practice medicine or osteopathic  
15 medicine in the state of Iowa files information with the ~~board~~  
16 ~~of supervisors~~ regional administrator of the person's county  
17 of residence ~~or the board's designee~~, stating all of the  
18 following:

19 Sec. 25. Section 225.11, Code 2014, is amended to read as  
20 follows:

21 **225.11 Initiating commitment procedures.**

22 When a court finds upon completion of a hearing held pursuant  
23 to section 229.12 that the contention that a respondent is  
24 seriously mentally impaired has been sustained by clear and  
25 convincing evidence, and the application filed under section  
26 229.6 also contends or the court otherwise concludes that it  
27 would be appropriate to refer the respondent to the state  
28 psychiatric hospital for a complete psychiatric evaluation and  
29 appropriate treatment pursuant to section 229.13, the judge  
30 may order that a financial investigation be made in the manner  
31 prescribed by section 225.13. If the costs of a respondent's  
32 evaluation or treatment are payable in whole or in part by  
33 a county, an order under this section shall be for referral  
34 of the respondent through the ~~central point of coordination~~  
35 ~~process~~ regional administrator for the respondent's county of

1 residence for an evaluation and referral of the respondent  
2 to an appropriate placement or service, which may include  
3 the state psychiatric hospital for additional evaluation or  
4 treatment. ~~For purposes of this chapter, "central point of~~  
5 ~~coordination process" means the same as defined in section~~  
6 ~~331.440.~~

7 Sec. 26. Section 225.12, Code 2014, is amended to read as  
8 follows:

9 **225.12 Voluntary public patient — physician's report.**

10 A physician filing information under section 225.10 shall  
11 include a written report to the ~~county board of supervisors~~  
12 ~~or the board's designee~~ regional administrator for the  
13 county of residence of the person named in the information,  
14 giving a history of the case as will be likely to aid in the  
15 observation, treatment, and hospital care of the person ~~named~~  
16 ~~in the information~~ and describing the history in detail.

17 Sec. 27. Section 225.13, Code 2014, is amended to read as  
18 follows:

19 **225.13 Financial condition.**

20 The ~~county board of supervisors or the board's designee~~  
21 regional administrator of the county of residence of a person  
22 being admitted to the state psychiatric hospital is responsible  
23 for investigating the financial condition of ~~a person being~~  
24 ~~admitted to the state psychiatric hospital~~ the person and of  
25 those legally responsible for the person's support.

26 Sec. 28. Section 225.15, Code 2014, is amended to read as  
27 follows:

28 **225.15 Examination and treatment.**

29 1. When a respondent arrives at the state psychiatric  
30 hospital, the admitting physician shall examine the respondent  
31 and determine whether or not, in the physician's judgment, the  
32 respondent is a fit subject for observation, treatment, and  
33 hospital care. If, upon examination, the physician decides  
34 that the respondent should be admitted to the hospital, the  
35 respondent shall be provided a proper bed in the hospital. The

1 physician who has charge of the respondent shall proceed with  
 2 observation, medical treatment, and hospital care as in the  
 3 physician's judgment are proper and necessary, in compliance  
 4 with sections 229.13 to 229.16. After the respondent's  
 5 admission, the observation, medical treatment, and hospital  
 6 care of the respondent may be provided by a mental health  
 7 professional, as defined in section 228.1, who is licensed as a  
 8 physician, advanced registered nurse practitioner, or physician  
 9 assistant.

10     2. A proper and competent nurse shall also be assigned to  
 11 look after and care for the respondent during observation,  
 12 treatment, and care. Observation, treatment, and hospital care  
 13 under this section which are payable in whole or in part by a  
 14 county shall only be provided as determined through the ~~central~~  
 15 ~~point of coordination process~~ regional administrator of the  
 16 respondent's county of residence.

17     Sec. 29. Section 225.16, subsection 1, Code 2014, is amended  
 18 to read as follows:

19     1. If the ~~county board of supervisors or the board's~~  
 20 ~~designee~~ regional administrator for a person's county of  
 21 residence finds from the physician's information which was  
 22 filed under the provisions of section 225.10 that it would  
 23 be appropriate for the person to be admitted to the state  
 24 psychiatric hospital, and the report of the ~~county board of~~  
 25 ~~supervisors or the board's designee~~ regional administrator made  
 26 pursuant to section 225.13 shows that the person and those who  
 27 are legally responsible for the person are not able to pay the  
 28 expenses incurred at the hospital, or are able to pay only a  
 29 part of the expenses, the person shall be considered to be a  
 30 voluntary public patient and the ~~board of supervisors~~ regional  
 31 administrator shall direct that the person shall be sent to the  
 32 state psychiatric hospital at the state university of Iowa for  
 33 observation, treatment, and hospital care.

34     Sec. 30. Section 225.17, subsection 2, Code 2014, is amended  
 35 to read as follows:



1     2. When the respondent arrives at the hospital, the  
2 respondent shall receive the same treatment as is provided for  
3 committed public patients in section 225.15, in compliance with  
4 sections 229.13 to 229.16. However, observation, treatment,  
5 and hospital care under this section of a respondent whose  
6 expenses are payable in whole or in part by a county shall  
7 only be provided as determined through the ~~central point of~~  
8 ~~coordination process~~ regional administrator of the respondent's  
9 county of residence.

10     Sec. 31. Section 225.18, Code 2014, is amended to read as  
11 follows:

12     **225.18 Attendants.**

13     The ~~county board of supervisors or the board's designee~~  
14 regional administrator may appoint a ~~person~~ an attendant to  
15 accompany the committed public patient or the voluntary public  
16 patient or the committed private patient from the place where  
17 the patient may be to the state psychiatric hospital, or to  
18 accompany the patient from the hospital to a place as may be  
19 designated by the ~~county~~ regional administrator. If a patient  
20 is moved pursuant to this section, at least one attendant shall  
21 be of the same gender as the patient.

22     Sec. 32. Section 225.19, Code 2014, is amended to read as  
23 follows:

24     **225.19 Compensation for attendant.**

25     An individual appointed by the ~~county board of supervisors~~  
26 ~~or the board's designee~~ regional administrator in accordance  
27 with section 225.18 to accompany a person to or from the  
28 hospital or to make an investigation and report on any question  
29 involved in the matter shall receive three dollars per day for  
30 the time actually spent in making the investigation and actual  
31 necessary expenses incurred in making the investigation or  
32 trip. This section does not apply to an appointee who receives  
33 fixed compensation or a salary.

34     Sec. 33. Section 225.21, Code 2014, is amended to read as  
35 follows:

1     **225.21 Compensation claims — filing — approval.**

2     The person making claim to compensation under section 225.19  
3 shall file the claim in the office of the county auditor.  
4 The claim is subject to review and approval by the ~~board of~~  
5 ~~supervisors or the board's designee~~ regional administrator for  
6 the county.

7     Sec. 34. Section 225.24, Code 2014, is amended to read as  
8 follows:

9     **225.24 Collection of preliminary expense.**

10    Unless a committed private patient or those legally  
11 responsible for the patient's support offer to settle the  
12 amount of the claims, the county auditor of the person's county  
13 of residence shall collect, by action if necessary, the amount  
14 of all claims for per diem and expenses that have been approved  
15 by the ~~county board of supervisors or the board's designee~~  
16 regional administrator for the county and paid by the county  
17 as provided under section 225.21. Any amount collected shall  
18 be credited to the ~~county treasury~~ county's mental health and  
19 disabilities services fund created in accordance with section  
20 331.424A.

21    Sec. 35. Section 225.27, Code 2014, is amended to read as  
22 follows:

23    **225.27 Discharge — transfer.**

24    The state psychiatric hospital may, at any time, discharge  
25 any patient as recovered, as improved, or as not likely to  
26 be benefited by further treatment. If the patient being so  
27 discharged was involuntarily hospitalized, the hospital shall  
28 notify the committing judge or court of the discharge as  
29 required by section 229.14 or section 229.16, whichever is  
30 applicable, and the applicable regional administrator. Upon  
31 receiving the notification, the court shall issue an order  
32 confirming the patient's discharge from the hospital or from  
33 care and custody, as the case may be, and shall terminate the  
34 proceedings pursuant to which the order was issued. The court  
35 or judge shall, if necessary, appoint a person to accompany the

1 discharged patient from the state psychiatric hospital to such  
2 place as the hospital or the court may designate, or authorize  
3 the hospital to appoint such attendant.

4 Sec. 36. Section 225C.2, subsection 2, Code 2014, is amended  
5 by striking the subsection.

6 Sec. 37. Section 225C.5, subsection 1, paragraph f, Code  
7 2014, is amended to read as follows:

8 *f.* Two members shall be staff members of regional  
9 ~~administrators of the central point of coordination process~~  
10 ~~established in accordance with section 331.440~~ selected from  
11 nominees submitted by the community services affiliate of the  
12 Iowa state association of counties.

13 Sec. 38. Section 225C.6, subsection 1, paragraph i,  
14 subparagraph (1), Code 2014, is amended to read as follows:

15 (1) The extent to which services to persons with  
16 disabilities are actually available to persons in each county  
17 and mental health and disability services region in the state  
18 and the quality of those services.

19 Sec. 39. Section 225C.6, subsection 1, paragraph m, Code  
20 2014, is amended to read as follows:

21 *m.* Identify disability services outcomes and indicators to  
22 support the ability of eligible persons with a disability to  
23 live, learn, work, and recreate in communities of the persons'  
24 choice. The identification duty includes but is not limited to  
25 responsibility for identifying, collecting, and analyzing data  
26 as necessary to issue reports on outcomes and indicators at the  
27 county, region, and state levels.

28 Sec. 40. Section 225C.13, subsection 1, Code 2014, is  
29 amended to read as follows:

30 1. The administrator assigned, in accordance with section  
31 218.1, to control the state mental health institutes and  
32 the state resource centers may enter into agreements under  
33 which a facility or portion of a facility administered by the  
34 administrator is leased to a department or division of state  
35 government, a county or group of counties, a mental health and

1 disability services region, or a private nonprofit corporation  
2 organized under chapter 504. A lease executed under this  
3 section shall require that the lessee use the leased premises  
4 to deliver either disability services or other services  
5 normally delivered by the lessee.

6 Sec. 41. Section 225C.14, Code 2014, is amended to read as  
7 follows:

8 **225C.14 Preliminary diagnostic evaluation.**

9 1. Except in cases of medical emergency, a person shall be  
10 admitted to a state mental health institute as an inpatient  
11 only after a preliminary diagnostic evaluation performed  
12 through the ~~central point of coordination process~~ regional  
13 administrator of the person's county of residence has confirmed  
14 that the admission is appropriate to the person's mental health  
15 needs, and that no suitable alternative method of providing the  
16 needed services in a less restrictive setting or in or nearer  
17 to the person's home community is currently available. If  
18 provided for through the ~~central point of coordination process~~  
19 regional administrator, the evaluation may be performed by a  
20 community mental health center or by an alternative diagnostic  
21 facility. The policy established by this section shall be  
22 implemented in the manner and to the extent prescribed by  
23 sections 225C.15, 225C.16 and 225C.17.

24 2. As used in this section and sections 225C.15, 225C.16  
25 and 225C.17, the term "*medical emergency*" means a situation  
26 in which a prospective patient is received at a state mental  
27 health institute in a condition which, in the opinion of the  
28 chief medical officer, or that officer's physician designee,  
29 requires the immediate admission of the person notwithstanding  
30 the policy stated in subsection 1.

31 Sec. 42. Section 225C.15, Code 2014, is amended to read as  
32 follows:

33 **225C.15 County implementation of evaluations.**

34 The ~~board of supervisors of~~ regional administrator for a  
35 county shall, ~~no later than July 1, 1982,~~ require that the

1 policy stated in section 225C.14 be followed with respect  
 2 to admission of persons from that county to a state mental  
 3 health institute. A community mental health center which is  
 4 supported, directly or in affiliation with other counties, by  
 5 that county may perform the preliminary diagnostic evaluations  
 6 for that county, unless the performance of the evaluations  
 7 is not covered by the agreement entered into by the ~~county~~  
 8 regional administrator and the center, and the center's  
 9 director certifies to the ~~board of supervisors~~ regional  
 10 administrator that the center does not have the capacity to  
 11 perform the evaluations, in which case the ~~board of supervisors~~  
 12 regional administrator shall proceed under section 225C.17.

13 Sec. 43. Section 225C.16, Code 2014, is amended to read as  
 14 follows:

15 **225C.16 Referrals for evaluation.**

16 1. The chief medical officer of a state mental health  
 17 institute, or that officer's physician designee, shall advise  
 18 a person residing in that county who applies for voluntary  
 19 admission, or a person applying for the voluntary admission  
 20 of another person who resides in that county, in accordance  
 21 with section 229.41, that the ~~board of supervisors~~ regional  
 22 administrator for the county has implemented the policy  
 23 stated in section 225C.14, and shall advise that a preliminary  
 24 diagnostic evaluation of the prospective patient be sought,  
 25 if that has not already been done. This subsection does not  
 26 apply when voluntary admission is sought in accordance with  
 27 section 229.41 under circumstances which, in the opinion of the  
 28 chief medical officer or that officer's physician designee,  
 29 constitute a medical emergency.

30 2. The clerk of the district court in that county shall  
 31 refer a person applying for authorization for voluntary  
 32 admission, or for authorization for voluntary admission of  
 33 another person, in accordance with section 229.42, to the  
 34 ~~appropriate entity designated through the central point of~~  
 35 ~~coordination process~~ regional administrator of the person's

1 county of residence under section 225C.14 for the preliminary  
 2 diagnostic evaluation unless the applicant furnishes a written  
 3 statement from the appropriate entity which indicates that the  
 4 evaluation has been performed and that the person's admission  
 5 to a state mental health institute is appropriate. This  
 6 subsection does not apply when authorization for voluntary  
 7 admission is sought under circumstances which, in the opinion  
 8 of the chief medical officer or that officer's physician  
 9 designee, constitute a medical emergency.

10 3. Judges of the district court in that county or the  
 11 judicial hospitalization referee appointed for that county  
 12 shall so far as possible arrange for the entity designated  
 13 through the ~~central point of coordination process~~ regional  
 14 administrator under section 225C.14 to perform a prehearing  
 15 examination of a respondent required under section 229.8,  
 16 subsection 3, paragraph "b".

17 4. The chief medical officer of a state mental health  
 18 institute shall promptly submit to the appropriate entity  
 19 designated through the ~~central point of coordination process~~  
 20 regional administrator under section 225C.14 a report of the  
 21 voluntary admission of a patient under the medical emergency  
 22 ~~clauses~~ provisions of subsections 1 and 2. The report shall  
 23 explain the nature of the emergency which necessitated the  
 24 admission of the patient without a preliminary diagnostic  
 25 evaluation by the designated entity.

26 Sec. 44. Section 225C.17, Code 2014, is amended to read as  
 27 follows:

28 **225C.17 Alternative diagnostic facility.**

29 If a county is not served by a community mental health  
 30 center having the capacity to perform the required preliminary  
 31 diagnostic evaluations, the ~~board of supervisors~~ regional  
 32 administrator for the county shall arrange for the evaluations  
 33 to be performed by an alternative diagnostic facility for  
 34 the period until the county is served by a community mental  
 35 health center with the capacity to provide that service. An

1 alternative diagnostic facility may be the outpatient service  
2 of a state mental health institute or any other mental health  
3 facility or service able to furnish the requisite professional  
4 skills to properly perform a preliminary diagnostic evaluation  
5 of a person whose admission to a state mental health institute  
6 is being sought or considered on either a voluntary or an  
7 involuntary basis.

8 Sec. 45. Section 225C.19, subsection 3, paragraphs a, b, and  
9 c, Code 2014, are amended to read as follows:

10 a. Standards for accrediting or approving emergency mental  
11 health crisis services providers. Such providers may include  
12 but are not limited to a community mental health center  
13 designated under chapter 230A, a provider approved in a waiver  
14 adopted by the commission to provide services to a county  
15 in lieu of a community mental health center, a unit of the  
16 department or other state agency, a county, a mental health  
17 and disability services region, or any other public or private  
18 provider who meets the accreditation or approval standards for  
19 an emergency mental health crisis services provider.

20 b. Identification by the division of geographic regions,  
21 groupings of mental health and disability services regions,  
22 service areas, or other means of distributing and organizing  
23 the emergency mental health crisis services system to ensure  
24 statewide availability of the services.

25 c. Coordination of emergency mental health crisis services  
26 with all of the following:

27 (1) The district and juvenile courts.

28 (2) Law enforcement.

29 (3) Judicial district departments of correctional services.

30 (4) ~~County central point of coordination processes~~ Mental  
31 health and disability services regions.

32 (5) Other mental health, substance abuse, and co-occurring  
33 mental illness and substance abuse services available through  
34 the state and counties to serve both children and adults.

35 Sec. 46. Section 225C.20, Code 2014, is amended to read as

1 follows:

2     **225C.20 Responsibilities of counties for individual case**  
3 **management services.**

4     Individual case management services funded under medical  
5 assistance shall be provided by the department except when a  
6 ~~county or a consortium of counties~~ regional administrator for a  
7 county contracts with the department to provide the services.  
8 A ~~county or consortium of counties~~ regional administrator  
9 may contract for one or more counties of the region to be  
10 the provider at any time and the department shall agree to  
11 the contract so long as the contract meets the standards for  
12 case management adopted by the department. The ~~county or~~  
13 ~~consortium of counties~~ regional administrator may subcontract  
14 for the provision of case management services so long as the  
15 subcontract meets the same standards. A ~~county board of~~  
16 ~~supervisors~~ regional administrator may change the provider  
17 of individual case management services at any time. If the  
18 current or proposed contract is with the department, the ~~county~~  
19 ~~board of supervisors~~ regional administrator shall provide  
20 written notification of a change at least ninety days before  
21 the date the change will take effect.

22     Sec. 47. Section 225C.54, subsection 1, Code 2014, is  
23 amended to read as follows:

24     1. The mental health services system for children and youth  
25 shall be initially implemented by the division commencing  
26 with the fiscal year beginning July 1, 2008. The division  
27 shall begin implementation by utilizing a competitive bidding  
28 process to allocate state block grants to develop services  
29 through existing community mental health centers, ~~providers~~  
30 ~~approved in a waiver adopted by the commission to provide~~  
31 ~~services to a county in lieu of a community mental health~~  
32 ~~center,~~ designated under chapter 230A and other local service  
33 partners. The implementation shall be limited to the extent of  
34 the appropriations provided for the children's system.

35     Sec. 48. Section 226.1, Code 2014, is amended by adding the



1 following new subsection:

2 NEW SUBSECTION. 4. For the purposes of this chapter unless  
3 the context otherwise requires:

4 *a. "Administrator"* means the person assigned by the  
5 director of human services to control the state mental health  
6 institutes.

7 *b. "Department"* means the department of human services.

8 *c. "Mental health and disability services region"* means  
9 a mental health and disability services region formed in  
10 accordance with section 331.389.

11 *d. "Regional administrator"* means the regional administrator  
12 of a mental health and disabilities services region, as defined  
13 in section 331.388.

14 Sec. 49. Section 226.9C, subsection 2, paragraphs a and c,  
15 Code 2014, are amended to read as follows:

16 *a.* A county may split the charges between the ~~county's~~  
17 county mental health, ~~intellectual disability, and~~  
18 ~~developmental and~~ disabilities services fund created pursuant  
19 to section 331.424A and the county's budget for substance abuse  
20 expenditures.

21 *c.* (1) Prior to an individual's admission for dual  
22 diagnosis treatment, the individual shall have been  
23 prescreened. The person performing the prescreening shall  
24 be either the mental health professional, as defined in  
25 section 228.1, who is contracting with the ~~county central~~  
26 ~~point of coordination process~~ regional administrator for the  
27 county's mental health and disability services region to  
28 provide the prescreening or a mental health professional with  
29 the requisite qualifications. A mental health professional  
30 with the requisite qualifications shall meet all of the  
31 following qualifications: is a mental health professional as  
32 defined in section 228.1, is an alcohol and drug counselor  
33 certified by the nongovernmental Iowa board of substance abuse  
34 certification, and is employed by or providing services for a  
35 facility, as defined in section 125.2.

1 (2) Prior to an individual's admission for dual diagnosis  
2 treatment, the individual shall have been screened through a  
3 county's ~~central point of coordination process implemented~~  
4 ~~pursuant to section 331.440~~ regional administrator to determine  
5 the appropriateness of the treatment.

6 Sec. 50. Section 226.32, Code 2014, is amended to read as  
7 follows:

8 **226.32 Overcrowded conditions.**

9 The administrator shall order the discharge or removal  
10 from the hospital of incurable and harmless patients whenever  
11 it is necessary to make room for recent cases. If a patient  
12 who is to be so discharged entered the hospital voluntarily,  
13 the administrator shall notify the ~~auditor of regional~~  
14 administrator for the county interested at least ten days in  
15 advance of the day of actual discharge.

16 Sec. 51. Section 226.34, subsection 2, Code 2014, is amended  
17 to read as follows:

18 2. If a patient in a mental health institute dies from any  
19 cause, the superintendent of the institute shall within three  
20 days of the date of death, send by certified mail a written  
21 notice of death to all of the following:

22 a. The decedent's nearest relative.

23 b. The clerk of the district court of the county from which  
24 the patient was committed.

25 c. The sheriff of the county from which the patient was  
26 committed.

27 d. The regional administrator for the county from which the  
28 patient was committed.

29 Sec. 52. Section 227.1, Code 2014, is amended to read as  
30 follows:

31 **227.1 ~~Supervision~~ Definitions — supervision.**

32 1. For the purposes of this chapter, unless the context  
33 otherwise requires:

34 a. "Administrator" means the person assigned by the director  
35 of human services in the appropriate division of the department

1 to administer mental health and disability services.

2 b. "Department" means the department of human services.

3 c. "Mental health and disability services region" means  
4 a mental health and disability services region formed in  
5 accordance with section 331.389.

6 d. "Regional administrator" means the regional administrator  
7 of a mental health and disabilities services region, as defined  
8 in section 331.388.

9 2. All The regulatory requirements for county and private  
10 institutions wherein where persons with mental illness or an  
11 intellectual disability are kept admitted, committed, or placed  
12 shall be under the supervision of the administrator.

13 Sec. 53. Section 227.2, subsection 1, unnumbered paragraph  
14 1, Code 2014, is amended to read as follows:

15 The director of inspections and appeals shall make, or cause  
16 to be made, at least one licensure inspection each year of  
17 every county care facility. Either the administrator of the  
18 division or the director of the department of inspections and  
19 appeals, in cooperation with each other, upon receipt of a  
20 complaint or for good cause, may make, or cause to be made,  
21 a review of a county care facility or of any other private  
22 or county institution where persons with mental illness or  
23 an intellectual disability reside. A licensure inspection  
24 or a review shall be made by a competent and disinterested  
25 person who is acquainted with and interested in the care of  
26 persons with mental illness and persons with an intellectual  
27 disability. The objective of a licensure inspection or a  
28 review shall be an evaluation of the programming and treatment  
29 provided by the facility. After each licensure inspection of a  
30 county care facility, the person who made the inspection shall  
31 consult with the ~~county authorities~~ regional administrator  
32 for the county in which the facility is located on plans and  
33 practices that will improve the care given patients ~~and~~. The  
34 person shall also make recommendations to the administrator of  
35 the division and the director of public health for coordinating

1 and improving the relationships between the administrators of  
 2 county care facilities, the administrator of the division,  
 3 the director of public health, the superintendents of state  
 4 mental health institutes and resource centers, community  
 5 mental health centers, mental health and disability services  
 6 regions, and other cooperating agencies, to cause improved  
 7 and more satisfactory care of patients. A written report of  
 8 each licensure inspection of a county care facility under this  
 9 section shall be filed by the person with the administrator  
 10 of the division and the director of public health and shall  
 11 include:

12     Sec. 54. Section 227.2, subsection 1, paragraph f, Code  
 13 2014, is amended to read as follows:

14     *f.* The recommendations given to and received from ~~county~~  
 15 ~~authorities~~ the regional administrator on methods and practices  
 16 that will improve the conditions under which the county care  
 17 facility is operated.

18     Sec. 55. Section 227.2, subsection 2, Code 2014, is amended  
 19 to read as follows:

20     2. A copy of the written report prescribed by subsection  
 21 1 shall be furnished to the county board of supervisors,  
 22 to the ~~county mental health and intellectual disability~~  
 23 ~~coordinating board or to its advisory board if the county board~~  
 24 ~~of supervisors constitutes ex officio the coordinating board~~  
 25 regional administrator for the county, to the administrator  
 26 of the county care facility inspected and to its certified  
 27 volunteer long-term care ombudsman, and to the department on  
 28 aging.

29     Sec. 56. Section 227.4, Code 2014, is amended to read as  
 30 follows:

31     **227.4 Standards for care of persons with mental illness or an**  
 32 **intellectual disability in county care facilities.**

33     The administrator, in cooperation with the department of  
 34 inspections and appeals, shall recommend and the mental health  
 35 and disability services commission created in section 225C.5

1 shall adopt, or amend and adopt, standards for the care of and  
 2 services to persons with mental illness or an intellectual  
 3 disability residing in county care facilities. The standards  
 4 shall be enforced by the department of inspections and appeals  
 5 as a part of the licensure inspection conducted pursuant to  
 6 chapter 135C. The objective of the standards is to ensure  
 7 that persons with mental illness or an intellectual disability  
 8 who are residents of county care facilities are not only  
 9 adequately fed, clothed, and housed, but are also offered  
 10 reasonable opportunities for productive work and recreational  
 11 activities suited to their physical and mental abilities and  
 12 offering both a constructive outlet for their energies and, if  
 13 possible, therapeutic benefit. When recommending standards  
 14 under this section, the administrator shall designate an  
 15 advisory committee representing administrators of county care  
 16 facilities, ~~county mental health and developmental disabilities~~  
 17 ~~regional planning councils~~ regional administrators, mental  
 18 health and disabilities services region governing boards,  
 19 and county care facility certified volunteer long-term care  
 20 ombudsmen to assist in the establishment of standards.

21 Sec. 57. Section 227.10, Code 2014, is amended to read as  
 22 follows:

23 **227.10 Transfers from county or private institutions.**

24 Patients who have been admitted at public expense to  
 25 any institution to which this chapter is applicable may be  
 26 involuntarily transferred to the proper state hospital for  
 27 persons with mental illness in the manner prescribed by  
 28 sections 229.6 to 229.13. The application required by section  
 29 229.6 may be filed by the administrator of the division or  
 30 the administrator's designee, or by the administrator of the  
 31 institution where the patient is then being maintained or  
 32 treated. If the patient was admitted to that institution  
 33 involuntarily, the administrator of the division may arrange  
 34 and complete the transfer, and shall report it as required of  
 35 a chief medical officer under section 229.15, subsection 5.

1 The transfer shall be made at county expense, and the expense  
 2 recovered, as provided in section 227.7. However, transfer  
 3 under this section of a patient whose expenses are payable in  
 4 whole or in part by a county is subject to an authorization for  
 5 the transfer through the ~~central point of coordination process~~  
 6 regional administrator for the patient's county of residence.

7 Sec. 58. Section 227.11, Code 2014, is amended to read as  
 8 follows:

9 **227.11 Transfers from state hospitals.**

10 A regional administrator for the county chargeable with  
 11 the expense of a patient in a state hospital for persons with  
 12 mental illness shall transfer the patient to a county or  
 13 private institution for persons with mental illness that is in  
 14 compliance with the applicable rules when the administrator  
 15 of the division or the administrator's designee orders the  
 16 transfer on a finding that the patient is suffering from  
 17 chronic mental illness or from senility and will receive equal  
 18 benefit by being so transferred. A county shall transfer to  
 19 its county care facility any patient in a state hospital for  
 20 persons with mental illness upon request of the superintendent  
 21 of the state hospital in which the patient is confined  
 22 pursuant to the superintendent's authority under section  
 23 229.15, subsection 5, and approval by the ~~board of supervisors~~  
 24 of regional administrator for the county of the patient's  
 25 residence. In no case shall a patient be thus transferred  
 26 except upon compliance with section 229.14A or without the  
 27 written consent of a relative, friend, or guardian if such  
 28 relative, friend, or guardian pays the expense of the care of  
 29 such patient in a state hospital. Patients transferred to a  
 30 public or private facility under this section may subsequently  
 31 be placed on convalescent or limited leave or transferred to  
 32 a different facility for continued full-time custody, care,  
 33 and treatment when, in the opinion of the attending physician  
 34 or the chief medical officer of the hospital from which the  
 35 patient was so transferred, the best interest of the patient

1 would be served by such leave or transfer. For any patient  
2 who is involuntarily committed, any transfer made under this  
3 section is subject to the placement hearing requirements of  
4 section 229.14A.

5 Sec. 59. Section 227.12, Code 2014, is amended to read as  
6 follows:

7 **227.12 Difference of opinion.**

8 When a difference of opinion exists between the  
9 administrator of the division and the authorities in charge  
10 of any private or county hospital in regard to the ~~removal~~  
11 transfer of a patient ~~or patients~~ as herein provided in  
12 sections 227.10 and 227.11, the matter shall be submitted to  
13 the district court of the county in which such hospital is  
14 situated and shall be summarily tried as an equitable action,  
15 and the judgment of the district court shall be final.

16 Sec. 60. Section 227.14, Code 2014, is amended to read as  
17 follows:

18 **227.14 Caring for persons with mental illness from other**  
19 **counties.**

20 ~~Boards of supervisors of counties having no~~ The regional  
21 administrator for a county that does not have proper facilities  
22 for caring for persons with mental illness may, with the  
23 consent of the administrator of the division, provide for such  
24 care at the expense of the county in any convenient and proper  
25 county or private institution for persons with mental illness  
26 which is willing to receive ~~them~~ the persons.

27 Sec. 61. Section 229.1, subsection 3, Code 2014, is amended  
28 by striking the subsection.

29 Sec. 62. Section 229.1, Code 2014, is amended by adding the  
30 following new subsections:

31 NEW SUBSECTION. 8A. *"Mental health and disability services*  
32 *region"* means a mental health and disability services region  
33 formed in accordance with section 331.389.

34 NEW SUBSECTION. 14A. *"Regional administrator"* means the  
35 regional administrator of a mental health and disabilities

1 services region, as defined in section 331.388.

2 Sec. 63. Section 229.1B, Code 2014, is amended to read as  
3 follows:

4 **229.1B ~~Central point of coordination process~~ Regional**  
5 **administrator.**

6 Notwithstanding any provision of this chapter to the  
7 contrary, any person whose hospitalization expenses are  
8 payable in whole or in part by a county shall be subject  
9 to all administrative requirements of the ~~central point of~~  
10 ~~coordination process~~ regional administrator for the county.

11 Sec. 64. Section 229.2, subsection 1, paragraph b,  
12 subparagraph (3), Code 2014, is amended to read as follows:

13 (3) As soon as is practicable after the filing of a  
14 petition for juvenile court approval of the admission of the  
15 minor, the juvenile court shall determine whether the minor  
16 has an attorney to represent the minor in the hospitalization  
17 proceeding, and if not, the court shall assign to the minor  
18 an attorney. If the minor is financially unable to pay for  
19 an attorney, the attorney shall be compensated by the county  
20 at an hourly rate to be established by the ~~county board of~~  
21 ~~supervisors~~ regional administrator for the county in which the  
22 proceeding is held in substantially the same manner as provided  
23 in section 815.7.

24 Sec. 65. Section 229.8, subsection 1, Code 2014, is amended  
25 to read as follows:

26 1. Determine whether the respondent has an attorney  
27 who is able and willing to represent the respondent in the  
28 hospitalization proceeding, and if not, whether the respondent  
29 is financially able to employ an attorney and capable of  
30 meaningfully assisting in selecting one. In accordance with  
31 those determinations, the court shall if necessary allow the  
32 respondent to select, or shall assign to the respondent, an  
33 attorney. If the respondent is financially unable to pay an  
34 attorney, the attorney shall be compensated by the county  
35 at an hourly rate to be established by the ~~county board of~~



1 ~~supervisors~~ regional administrator for the county in which the  
2 proceeding is held in substantially the same manner as provided  
3 in section 815.7.

4 Sec. 66. Section 229.10, subsection 1, paragraph a, Code  
5 2014, is amended to read as follows:

6 a. An examination of the respondent shall be conducted by  
7 one or more licensed physicians, as required by the court's  
8 order, within a reasonable time. If the respondent is detained  
9 pursuant to section 229.11, subsection 1, paragraph "b",  
10 the examination shall be conducted within twenty-four hours.  
11 If the respondent is detained pursuant to section 229.11,  
12 subsection 1, paragraph "a" or "c", the examination shall  
13 be conducted within forty-eight hours. If the respondent  
14 so desires, the respondent shall be entitled to a separate  
15 examination by a licensed physician of the respondent's own  
16 choice. The reasonable cost of the examinations shall, if the  
17 respondent lacks sufficient funds to pay the cost, be paid by  
18 the regional administrator from county funds upon order of the  
19 court.

20 Sec. 67. Section 229.11, subsection 1, unnumbered paragraph  
21 1, Code 2014, is amended to read as follows:

22 If the applicant requests that the respondent be taken into  
23 immediate custody and the judge, upon reviewing the application  
24 and accompanying documentation, finds probable cause to believe  
25 that the respondent has a serious mental impairment and is  
26 likely to injure the respondent or other persons if allowed  
27 to remain at liberty, the judge may enter a written order  
28 directing that the respondent be taken into immediate custody  
29 by the sheriff or the sheriff's deputy and be detained until  
30 the hospitalization hearing. The hospitalization hearing shall  
31 be held no more than five days after the date of the order,  
32 except that if the fifth day after the date of the order is a  
33 Saturday, Sunday, or a holiday, the hearing may be held on the  
34 next succeeding business day. If the expenses of a respondent  
35 are payable in whole or in part by a county, for a placement

1 in accordance with paragraph "a", the judge shall give notice  
 2 of the placement to the ~~central point of coordination process~~  
 3 regional administrator for the county in which the court is  
 4 located, and for a placement in accordance with paragraph "b"  
 5 or "c", the judge shall order the placement in a hospital or  
 6 facility designated through the ~~central point of coordination~~  
 7 ~~process regional administrator~~. The judge may order the  
 8 respondent detained for the period of time until the hearing  
 9 is held, and no longer, in accordance with paragraph "a", if  
 10 possible, and if not then in accordance with paragraph "b",  
 11 or, only if neither of these alternatives is available, in  
 12 accordance with paragraph "c". Detention may be:

13 Sec. 68. Section 229.13, subsection 1, paragraph a, Code  
 14 2014, is amended to read as follows:

15 a. The court shall order a respondent whose expenses are  
 16 payable in whole or in part by a county placed under the care  
 17 of an appropriate hospital or facility designated through  
 18 the ~~central point of coordination process~~ county's regional  
 19 administrator on an inpatient or outpatient basis.

20 Sec. 69. Section 229.14, subsection 2, paragraph a, Code  
 21 2014, is amended to read as follows:

22 a. For a respondent whose expenses are payable in whole  
 23 or in part by a county, placement as designated through  
 24 the ~~central point of coordination process~~ county's regional  
 25 administrator in the care of an appropriate hospital or  
 26 facility on an inpatient or outpatient basis, or other  
 27 appropriate treatment, or in an appropriate alternative  
 28 placement.

29 Sec. 70. Section 229.14A, subsections 7 and 9, Code 2014,  
 30 are amended to read as follows:

31 7. If a respondent's expenses are payable in whole or in  
 32 part by a county through the ~~central point of coordination~~  
 33 ~~process~~ county's regional administrator, notice of a placement  
 34 hearing shall be provided to the county attorney and the  
 35 ~~county's central point of coordination process~~ regional

1 administrator. At the hearing, the county may present evidence  
2 regarding appropriate placement.

3 9. A placement made pursuant to an order entered under  
4 section 229.13 or 229.14 or this section shall be considered to  
5 be authorized through the ~~central point of coordination process~~  
6 county's regional administrator.

7 Sec. 71. Section 229.19, subsection 1, paragraphs a and b,  
8 Code 2014, are amended to read as follows:

9 a. In each county with a population of three hundred  
10 thousand or more inhabitants the ~~board of supervisors~~ county's  
11 regional administrator shall appoint an individual who has  
12 demonstrated by prior activities an informed concern for the  
13 welfare and rehabilitation of persons with mental illness,  
14 and who is not an officer or employee of the department of  
15 human services nor of any agency or facility providing care  
16 or treatment to persons with mental illness, to act as an  
17 advocate representing the interests of patients involuntarily  
18 hospitalized by the court, in any matter relating to the  
19 patients' hospitalization or treatment under section 229.14  
20 or 229.15. In each county with a population of under three  
21 hundred thousand inhabitants, the chief judge of the judicial  
22 district encompassing the county shall appoint the advocate.

23 b. The court or, if the advocate is appointed by the  
24 ~~county board of supervisors~~ regional administrator, the ~~board~~  
25 regional administrator shall assign the advocate appointed from  
26 a patient's county of residence to represent the interests  
27 of the patient. If a patient has no county of residence or  
28 the patient is a state case, the court or, if the advocate  
29 is appointed by the ~~county board of supervisors~~ regional  
30 administrator, the ~~board~~ regional administrator shall assign  
31 the advocate appointed ~~from~~ for the county where the hospital  
32 or facility is located to represent the interests of the  
33 patient.

34 Sec. 72. Section 229.19, subsection 3, Code 2014, is amended  
35 to read as follows:

1     3. The court or, if the advocate is appointed by the ~~county~~  
2 ~~board of supervisors~~ regional administrator, the ~~board~~ regional  
3 administrator shall prescribe reasonable compensation for the  
4 services of the advocate. The compensation shall be based  
5 upon the reports filed by the advocate with the court. The  
6 advocate's compensation shall be paid by the county in which  
7 the court is located, either on order of the court or, if  
8 the advocate is appointed by the ~~county board of supervisors~~  
9 regional administrator, on the direction of the ~~board~~ regional  
10 administrator. If the advocate is appointed by the court, the  
11 advocate is an employee of the state for purposes of chapter  
12 669. If the advocate is appointed by the ~~county board of~~  
13 ~~supervisors~~ regional administrator, the advocate is an employee  
14 of the county for purposes of chapter 670. If the patient or  
15 the person who is legally liable for the patient's support is  
16 not indigent, the ~~board~~ regional administrator shall recover  
17 the costs of compensating the advocate from that person. If  
18 that person has an income level as determined pursuant to  
19 section 815.9 greater than one hundred percent but not more  
20 than one hundred fifty percent of the poverty guidelines, at  
21 least one hundred dollars of the advocate's compensation shall  
22 be recovered in the manner prescribed by the ~~county board of~~  
23 ~~supervisors~~ regional administrator. If that person has an  
24 income level as determined pursuant to section 815.9 greater  
25 than one hundred fifty percent of the poverty guidelines, at  
26 least two hundred dollars of the advocate's compensation shall  
27 be recovered in substantially the same manner ~~prescribed by the~~  
28 ~~county board of supervisors~~ as provided in section 815.9.

29     Sec. 73. Section 229.24, subsection 3, unnumbered paragraph  
30 1, Code 2014, is amended to read as follows:

31     If all or part of the costs associated with hospitalization  
32 of an individual under this chapter are chargeable to a county  
33 of residence, the clerk of the district court shall provide  
34 to the regional administrator for the county of residence and  
35 to the regional administrator for the county in which the

1 hospitalization order is entered the following information  
2 pertaining to the individual which would be confidential under  
3 subsection 1:

4     Sec. 74. Section 229.42, subsection 1, Code 2014, is amended  
5 to read as follows:

6     1. If a person wishing to make application for voluntary  
7 admission to a mental hospital established by chapter 226 is  
8 unable to pay the costs of hospitalization or those responsible  
9 for the person are unable to pay the costs, application for  
10 authorization of voluntary admission must be made through a  
11 ~~central point of coordination process~~ regional administrator  
12 before application for admission is made to the hospital. The  
13 person's county of residence shall be determined through the  
14 ~~central point of coordination process~~ regional administrator  
15 and if the admission is approved through the ~~central point~~  
16 ~~of coordination process~~ regional administrator, the person's  
17 admission to a mental health hospital shall be authorized as  
18 a voluntary case. The authorization shall be issued on forms  
19 provided by the department of human services' administrator.  
20 The costs of the hospitalization shall be paid by the  
21 county of residence to the department of human services and  
22 credited to the general fund of the state, provided that the  
23 mental health hospital rendering the services has certified  
24 to the county auditor of the county of residence and the  
25 regional administrator the amount chargeable to the county  
26 and has sent a duplicate statement of the charges to the  
27 department of human services. A county shall not be billed  
28 for the cost of a patient unless the patient's admission is  
29 authorized through the ~~central point of coordination process~~  
30 regional administrator. The mental health institute and the  
31 ~~county~~ regional administrator shall work together to locate  
32 appropriate alternative placements and services, and to  
33 educate patients and family members of patients regarding such  
34 alternatives.

35     Sec. 75. Section 230.1, subsection 3, Code 2014, is amended

1 to read as follows:

2 3. A county of residence is not liable for costs and  
3 expenses associated with a person with mental illness unless  
4 the costs and expenses are for services and other support  
5 authorized for the person through the ~~central point of~~  
6 ~~coordination process~~ county's regional administrator. For  
7 the purposes of this chapter, "~~central point of coordination~~  
8 ~~process~~" "regional administrator" means the same as defined in  
9 section ~~331.440~~ 331.388.

10 Sec. 76. Section 230.3, Code 2014, is amended to read as  
11 follows:

12 **230.3 Certification of residence.**

13 If a person's county of residence is determined by the  
14 county's ~~central point of coordination process~~ regional  
15 administrator to be in another county of this state, the ~~county~~  
16 regional administrator making the determination shall certify  
17 the determination to the superintendent of the hospital to  
18 which the person is admitted or committed. The certification  
19 shall be accompanied by a copy of the evidence supporting  
20 the determination. Upon receiving the certification, the  
21 superintendent shall charge the expenses already incurred and  
22 unadjusted, and all future expenses of the person, to the  
23 county determined to be the county of residence.

24 Sec. 77. Section 230.20, subsection 2, paragraph b, Code  
25 2014, is amended to read as follows:

26 b. The per diem costs billed to each county shall not exceed  
27 the per diem costs billed to the county in the fiscal year  
28 beginning July 1, 1996. However, the per diem costs billed to  
29 a county may be adjusted annually to reflect increased costs,  
30 to the extent of the percentage increase in the ~~total of county~~  
31 ~~fixed budgets pursuant to the allowed growth factor adjustment~~  
32 statewide per capita expenditure target amount, if any per  
33 capita growth amount is authorized by the general assembly for  
34 the fiscal year in accordance with section ~~331.439~~ 426B.3.

35 Sec. 78. Section 232.2, subsection 4, paragraph f,

1 subparagraph (3), Code 2014, is amended to read as follows:

2     (3) The transition plan shall be developed and reviewed  
3 by the department in collaboration with a child-centered  
4 transition team. The transition team shall be comprised of  
5 the child's caseworker and persons selected by the child,  
6 persons who have knowledge of services available to the child,  
7 and any person who may reasonably be expected to be a service  
8 provider for the child when the child becomes an adult or to  
9 become responsible for the costs of services at that time.  
10 If the child is reasonably likely to need or be eligible for  
11 adult services, the transition team membership shall include  
12 representatives from the adult services system. The adult  
13 services system representatives may include but are not limited  
14 to the administrator of county general relief under chapter  
15 251 or 252 or of the ~~central point of coordination process~~  
16 ~~implemented under section 331.440~~ regional administrator of  
17 the county mental health and disabilities services region, as  
18 defined in section 331.388. The membership of the transition  
19 team and the meeting dates for the team shall be documented in  
20 the transition plan.

21     Sec. 79. Section 235.7, subsection 2, Code 2014, is amended  
22 to read as follows:

23     2. *Membership.* The department may authorize the governance  
24 boards of decategorization of child welfare and juvenile  
25 justice funding projects established under section 232.188 to  
26 appoint the transition committee membership and may utilize  
27 the boundaries of decategorization projects to establish  
28 the service areas for transition committees. The committee  
29 membership may include but is not limited to department of  
30 human services staff involved with foster care, child welfare,  
31 and adult services, juvenile court services staff, staff  
32 involved with county general relief under chapter 251 or 252,  
33 or of the ~~central point of coordination process implemented~~  
34 ~~under section 331.440~~ a regional administrator of the county  
35 mental health and disabilities services region, as defined

1 in section 331.388, in the area, school district and area  
2 education agency staff involved with special education, and a  
3 child's court appointed special advocate, guardian ad litem,  
4 service providers, and other persons knowledgeable about the  
5 child.

6 Sec. 80. Section 235A.15, subsection 2, paragraph c,  
7 subparagraph (9), Code 2014, is amended to read as follows:

8 (9) To the administrator of an agency providing mental  
9 health, intellectual disability, or developmental disability  
10 services under a ~~county management plan developed pursuant~~  
11 ~~to section 331.439~~ regional service system management plan  
12 implemented in accordance with section 331.393, if the data  
13 concerns a person employed by or being considered by the agency  
14 for employment.

15 Sec. 81. Section 235B.6, subsection 2, paragraph c,  
16 subparagraph (6), Code 2014, is amended to read as follows:

17 (6) To the administrator of an agency providing mental  
18 health, intellectual disability, or developmental disability  
19 services under a ~~county management plan developed pursuant~~  
20 ~~to section 331.439~~ regional service system management plan  
21 implemented in accordance with section 331.393, if the  
22 information concerns a person employed by or being considered  
23 by the agency for employment.

24 Sec. 82. Section 426B.2, subsection 2, Code 2014, is amended  
25 to read as follows:

26 2. As used in this chapter, ~~and in sections 331.438 and~~  
27 ~~331.439~~ section 331.424A, for purposes of population-based  
28 funding calculations, "population" means the population shown  
29 by the latest preceding certified federal census or the  
30 latest applicable population estimate issued by the federal  
31 government, whichever is most recent and available as of July  
32 1 of the fiscal year preceding the fiscal year to which the  
33 funding calculations apply.

34 Sec. 83. Section 426B.5, subsection 1, Code 2014, is amended  
35 by striking the subsection.



1     Sec. 84. Section 426B.5, subsections 2 and 3, Code 2014, are  
2 amended to read as follows:

3     2. *Risk pool.*

4     a. For the purposes of this ~~subsection~~ section, unless the  
5 context otherwise requires, :

6     (1) "Mental health and disability services region" means  
7 a mental health and disability services region formed in  
8 accordance with section 331.389.

9     (2) "Regional administrator" means the regional  
10 administrator of a mental health and disabilities services  
11 region, as defined in section 331.388.

12     (3) ~~"services~~ "Services fund" means a county's mental  
13 ~~health, intellectual disability, and developmental disabilities~~  
14 ~~services fund created in~~ pursuant to section 331.424A.

15     b. A risk pool is created in the property tax relief fund.  
16 The pool shall consist of the moneys credited to the pool by  
17 law.

18     c. A risk pool board is created. The board shall consist  
19 of two county supervisors, two county auditors, a member of  
20 the mental health and disability services commission who is  
21 not a member of a county board of supervisors, a member of  
22 the county finance committee created in chapter 333A who is  
23 not an elected official, a representative of a provider of  
24 mental health or developmental disabilities services selected  
25 from nominees submitted by the Iowa association of community  
26 providers, and two ~~central point of coordination process~~ staff  
27 members of regional administrators of county mental health and  
28 disabilities services regions, all appointed by the governor,  
29 and one member appointed by the director of human services.  
30 All members appointed by the governor shall be subject to  
31 confirmation by the senate. Members shall serve for three-year  
32 terms. A vacancy shall be filled in the same manner as the  
33 original appointment. Expenses and other costs of the risk  
34 pool board members representing counties shall be paid by the  
35 county of origin. Expenses and other costs of risk pool board

1 members who do not represent counties shall be paid from a  
2 source determined by the governor. Staff assistance to the  
3 board shall be provided by the department of human services and  
4 counties. Actuarial expenses and other direct administrative  
5 costs shall be charged to the pool.

6 *d.* A ~~county~~ regional administrator must apply to the risk  
7 pool board for assistance from the risk pool on or before  
8 October 31. The purpose of the assistance shall be to provide  
9 financial support for services provided by one or more of the  
10 counties comprising the regional administrator's mental health  
11 and disability services region. The risk pool board shall  
12 make its final decisions on or before December 15 regarding  
13 acceptance or rejection of the applications for assistance and  
14 the total amount accepted shall be considered obligated.

15 *e.* Basic eligibility for risk pool assistance requires that  
16 a county meet all of the following conditions:

17 (1) The county is in compliance with the regional service  
18 system management plan requirements of section ~~331.439~~ 331.393.

19 (2) The county levied the maximum amount allowed for the  
20 county's services fund under section 331.424A for the fiscal  
21 year of application for risk pool assistance.

22 (3) In the fiscal year that commenced two years prior to  
23 the fiscal year of application, the county's services fund  
24 ending balance under generally accepted accounting principles  
25 was equal to or less than twenty percent of the county's actual  
26 gross expenditures for that fiscal year.

27 *f.* The board shall review the fiscal year-end financial  
28 records for all counties that are granted risk pool assistance.  
29 If the board determines a county's actual need for risk pool  
30 assistance was less than the amount of risk pool assistance  
31 granted to the county, the county shall refund the difference  
32 between the amount of assistance granted and the actual need.  
33 The county shall submit the refund within thirty days of  
34 receiving notice from the board. Refunds shall be credited  
35 to the risk pool. The mental health and disability services

1 commission shall adopt rules pursuant to chapter 17A providing  
2 criteria for the purposes of this lettered paragraph and as  
3 necessary to implement the other provisions of this subsection.

4     *g.* The board shall determine application requirements to  
5 ensure prudent use of risk pool assistance. The board may  
6 accept or reject an application for assistance in whole or in  
7 part. The decision of the board is final.

8     *h.* The total amount of risk pool assistance shall be limited  
9 to the amount available in the risk pool for a fiscal year. Any  
10 unobligated balance in the risk pool at the close of a fiscal  
11 year shall remain in the risk pool for distribution in the  
12 succeeding fiscal year.

13     *i.* Risk pool assistance shall only be made available to  
14 address one or more of the following circumstances:

15         (1) Continuing support for mandated services.

16         (2) Avoiding the need for reduction or elimination of  
17 critical services when the reduction or elimination places  
18 consumers' health or safety at risk.

19         (3) Avoiding the need for reduction or elimination of a  
20 mobile crisis team or other critical emergency services when  
21 the reduction or elimination places the public's health or  
22 safety at risk.

23         (4) Avoiding the need for reduction or elimination of  
24 the services or other support provided to entire disability  
25 populations.

26         (5) Avoiding the need for reduction or elimination of  
27 services or other support that maintain consumers in a  
28 community setting, creating a risk that the consumers would be  
29 placed in more restrictive, higher cost settings.

30     *j.* Subject to the amount available and obligated from the  
31 risk pool for a fiscal year, the department of human services  
32 shall annually calculate the amount of moneys due to eligible  
33 counties in accordance with the board's decisions and that  
34 amount is appropriated from the risk pool to the department  
35 for payment of the moneys due. The department shall authorize

1 the issuance of warrants payable to the county treasurer for  
2 the amounts due and the warrants shall be issued on or before  
3 January 1.

4     *k.* On or before March 1 and September 1 of each fiscal year,  
5 the department of human services shall provide the risk pool  
6 board with a report of the financial condition of each funding  
7 source administered by the board. The report shall include  
8 but is not limited to an itemization of the funding source's  
9 balances, types and amount of revenues credited, and payees  
10 and payment amounts for the expenditures made from the funding  
11 source during the reporting period.

12     *l.* If the board has made its decisions but has determined  
13 that there are otherwise qualifying requests for risk pool  
14 assistance that are beyond the amount available in the risk  
15 pool fund for a fiscal year, the board shall compile a list of  
16 such requests and the supporting information for the requests.  
17 The list and information shall be submitted to the mental  
18 health and disability services commission, the department of  
19 human services, and the general assembly.

20     3. *Incentive pool.*

21     *a.* An incentive pool is created in the property tax relief  
22 fund. The incentive pool shall consist of the moneys credited  
23 to the incentive pool by law.

24     *b.* Moneys available in the incentive pool for a fiscal  
25 year shall be distributed to those ~~counties~~ mental health and  
26 disability services regions that either meet or show progress  
27 toward meeting the purposes and intent described in section  
28 ~~331.439, subsection 1, paragraph "c"~~ 225C.1. The moneys  
29 received by a ~~county~~ region from the incentive pool shall be  
30 used to build community capacity to support individuals covered  
31 by the ~~county's~~ region's regional service system management  
32 plan approved under section ~~331.439~~ 331.393, in meeting such  
33 purposes.

34     Sec. 85. REPEAL. Sections 225C.7, 225C.12, 225C.18, and  
35 226.47, Code 2014, are repealed.

1 EXPLANATION

2 The inclusion of this explanation does not constitute agreement with  
3 the explanation's substance by the members of the general assembly.

4 This bill relates to the redesign of mental health and  
5 disabilities services (MH/DS) administered by regions comprised  
6 of counties. Under the redesign provisions initially enacted  
7 in 2012, each organization of counties as a region is governed  
8 by a Code chapter 28E agreement and the region is to have  
9 an administrative office, organization, or entity formed by  
10 agreement of the counties participating in the region to  
11 function on behalf of those counties, known as the regional  
12 administrator and defined in Code section 331.388. The  
13 redesign legislation maintained the financial responsibility  
14 for MH/DS with each county but provided for the regional  
15 administrator and the regional governance board to assume the  
16 administrative functions on behalf of the county. The bill  
17 makes conforming Code amendments relating to the redesign  
18 legislation.

19 In general, references throughout the Code to the central  
20 point of coordination (CPC) process (codified in Code section  
21 331.440, which was repealed effective July 1, 2013, by 2011  
22 Iowa Acts, ch. 123) are changed to instead refer to regional  
23 administrators; references to the county mental health,  
24 intellectual disability, and developmental disabilities  
25 services fund are changed to mental health and disabilities  
26 services fund (codified in Code section 331.424A, amended  
27 by 2012 Iowa Acts, ch. 1120 §132); and references to county  
28 service management plans (codified in Code section 331.439,  
29 repealed effective July 1, 2013, by 2011 Iowa Acts, ch.  
30 123) are changed to instead refer to regional service system  
31 management plans approved in accordance with Code section  
32 331.393. References throughout the Code to responsibilities  
33 for a county to provide or have administrative responsibility  
34 for services or other responsibilities in connection with a  
35 person in need of mental health or disability services are

1 changed to instead refer to the regional administrator. Prior  
2 to the redesign, MH/DS services in each county were delineated  
3 in a service management plan adopted by that county, subject  
4 to approval by the department of human services (DHS). These  
5 individual county plans are to be replaced by a regional  
6 service management plan effective beginning on July 1, 2014.  
7 County MH/DS levy authority and spending authority remains  
8 in Code section 331.424A. However, the name of the fund  
9 was changed in the redesign legislation but references to  
10 the old fund in other Code sections are corrected in the  
11 bill. In addition, related Code changes are reflected in this  
12 explanation.

13 References to waivers for providers of mental health  
14 services approved under Code section 225C.7 to operate in lieu  
15 of a community mental health center are stricken because the  
16 Code section is repealed by the bill. Code chapter 230A,  
17 relating to community mental health centers, was substantially  
18 rewritten by 2011 Iowa Acts, ch. 121, and the revisions took  
19 effect July 1, 2012. In the rewrite, Code section 230A.107,  
20 codified the waiver authorization for a for-profit corporation,  
21 nonprofit corporation, or county hospital providing mental  
22 health services to county residents pursuant to a waiver  
23 approved under section 225C.7, subsection 3, Code 2011, as  
24 of October 1, 2010, to be designated as a community mental  
25 health center under Code chapter 230A. The reference change is  
26 applied by the bill in the following Code sections: 135.180,  
27 relating to mental health professional shortage area program;  
28 225C.19, relating to emergency mental health crisis services  
29 system; and 225C.54, relating to the mental health services  
30 system for children and youth.

31 References to the central point of coordination process are  
32 changed to instead refer to the regional administrator in the  
33 following Code sections: 222.2, providing definitions for Code  
34 chapter 222, relating to the state resource centers; 222.13,  
35 relating to voluntary admissions of persons to a state resource

1 center; 222.28, relating to court appointment of a commission  
2 to examine a person alleged to have an intellectual disability;  
3 222.59, relating to coordination between a state resource  
4 center and county in identifying community-based services for  
5 an individual; 222.60, relating to payment of costs by county  
6 or state and diagnosis and evaluation requirements; 222.61,  
7 relating to determination of a person's residency status;  
8 222.62, relating to the procedure when a person's residency  
9 is determined to be another county; 222.63, providing a  
10 procedure for a county to object to a residency determination;  
11 222.64, providing a procedure for when a person's residency  
12 is determined to be outside of this state or is unknown;  
13 222.73, relating to billing of charges to counties for the  
14 state resource centers; 225.11, providing a procedure for  
15 commitment of a person to the state psychiatric hospital at  
16 the university of Iowa; 225.12, relating to the physician's  
17 report for a voluntary patient at the state psychiatric  
18 hospital; 225.15, relating to examination and treatment at the  
19 state psychiatric hospital; 225.17, relating to examination  
20 and treatment of private patients at the state psychiatric  
21 hospital when costs are paid by a county; section 225C.2,  
22 providing definitions for Code chapter 225C; 225C.5, relating  
23 to membership of the mental health and disability services  
24 commission; section 225C.6, relating to the duties of the MH/DS  
25 commission; 225C.14, relating to requirements for a preliminary  
26 diagnostic evaluation before a person is admitted to a state  
27 mental health institute (MHI); 225C.16, requiring referrals for  
28 a preliminary diagnostic or prehearing evaluation for persons  
29 desiring voluntary admission to a state MHI; 225C.19, providing  
30 requirements for implementation of an emergency mental health  
31 crisis services system; 226.9C, relating to the dual diagnosis  
32 program at the state mental health institute at Mount Pleasant;  
33 227.10, relating to transfers of patients from county or  
34 private facilities for mental health treatment to a state  
35 institution; 229.1, providing definitions for the involuntary

1 commitment Code chapter; 229.1B, providing that the CPC process  
2 applies to persons who are involuntarily committed; 229.11,  
3 relating to immediate custody of a person who is involuntarily  
4 committed; 229.13, relating to evaluation orders for persons  
5 who are involuntarily committed; 229.14, relating to chief  
6 medical officer reports; 229.14A, relating to placement orders;  
7 229.42, relating to county payment for a person voluntarily  
8 admitted to an MHI; 232.2, relating to the membership of a  
9 transition team for a child adjudicated as a child in need of  
10 assistance; 235.7, relating to transition committees to address  
11 transition needs of children receiving child welfare services  
12 who are age 16 or older; and 426B.5, relating to the membership  
13 of the risk pool board.

14 References to county board of supervisors or to a county  
15 responsibility are changed to instead refer to the regional  
16 administrator or MH/DS region, or to add such a reference in  
17 the following Code sections: 222.6, relating to the catchment  
18 areas for the two state resource centers; 222.12, relating to  
19 investigations of deaths at a state resource center; 222.13,  
20 relating to referrals for voluntary admissions of adults to  
21 a state resource center; 222.14, relating to care provided  
22 pending admission of a person to a state resource center;  
23 222.22, relating to compensation of attorneys for commitments  
24 of persons with an intellectual disability; 222.31, relating to  
25 court commitments of persons with an intellectual disability  
26 and liability for charges; 222.63, relating to determination  
27 of residency findings; 222.74, relating to approval of state  
28 resource center charges; 222.92, relating to the use of net  
29 budgeting by the state resource centers; 225.1, providing  
30 definitions for the state psychiatric hospital Code chapter;  
31 225.10, relating to voluntary patients at the state psychiatric  
32 hospital; 225.12, relating to reports concerning voluntary  
33 public patients at the state psychiatric hospital; 225.13,  
34 relating to investigations of the financial condition of  
35 persons being admitted to the state psychiatric hospital;



1 225.16, relating to admission of voluntary public patients to  
2 the state psychiatric hospital; 225.18, relating to appointment  
3 of attendants to accompany committed persons to or from the  
4 hospital; 225.19, relating to compensation of attendants;  
5 225.21, relating to claims for compensation of attendants;  
6 225.24, relating to county collection of the costs of care  
7 provided at the state psychiatric hospital; 225.27, requiring  
8 notice of the discharge or transfer of a patient from the  
9 state psychiatric hospital; 225C.13, authorizing DHS to lease  
10 portions of MHIs to certain public and private organizations;  
11 225C.14, 225C.15, 225C.16, and 225C.17, relating to preliminary  
12 diagnostic evaluations of persons with respect to admission  
13 to an MHI, county policy regarding the evaluations, referral  
14 of voluntary patients for the evaluations, and the use of  
15 alternative diagnostic facilities for the evaluations; 225C.20,  
16 relating to provision of individual case management services  
17 under the medical assistance (Medicaid) program by counties;  
18 226.32, requiring notice to a county when a voluntary patient  
19 is discharged to relieve overcrowding; 226.34, requiring notice  
20 when a patient at an MHI dies; 227.1, relating to supervision  
21 of county and private institutions for persons with mental  
22 illness or an intellectual disability (often referred to as  
23 "county care facilities") is amended to provide definitions  
24 for the Code chapter including DHS and the MH/DS regions;  
25 227.2, relating to state inspection of county facilities;  
26 227.4, relating to standards adoption pertaining to county care  
27 facilities; 227.11, relating to transfers of patients from  
28 state hospitals; 227.12, relating to civil trials when there  
29 is a disagreement between DHS and the authorities in charge  
30 of a county care facility as to transfer of patients; 227.14,  
31 relating to care provided at a county care facility to patients  
32 from another county; 229.2 and 229.8, relating to compensation  
33 of attorneys for minors applying for voluntary admission to  
34 an MHI and respondents in involuntary commitment proceedings;  
35 229.10, relating to the payment of examinations with county

1 funds; 229.19, relating to mental health advocates; 229.24,  
2 relating to confidential records in involuntary commitment  
3 proceedings; and 426B.5, relating to the risk pool and the  
4 incentive pool within the property tax relief fund.

5 References to county management plans developed pursuant to  
6 repealed Code section 331.439 are changed to regional services  
7 system management plans implemented in accordance with Code  
8 section 331.393 in the following Code sections: 222.60,  
9 relating to payment of costs at a state resource center by  
10 county or state and diagnosis and evaluation requirements;  
11 222.73, relating to billing of per diem costs at a state  
12 resource center; 235A.15 and 235B.6, relating to access to  
13 child and dependent adult abuse registry record checks for  
14 employment by an agency providing services under a plan;  
15 and 426B.5, relating to the risk and incentive pools of the  
16 property tax relief fund.

17 References to the county mental health, intellectual  
18 disability, and developmental disabilities services fund are  
19 changed to mental health and disabilities services fund in the  
20 following Code sections: 226.9C, relating to splitting of  
21 costs for charges at the dual diagnosis program at the state  
22 mental health institute at Mount Pleasant; and 426B.5, relating  
23 to the risk and incentive pools of the property tax relief  
24 fund.

25 Current law in Code sections 222.73 and 230.20, limits an  
26 increase in the per diem changed to a county for services  
27 provided at a state resource center or a state mental health  
28 institute to the percentage increase in the allowed growth  
29 factor adjustment, a funding formula provision repealed by the  
30 redesign. The bill instead references the per capita growth  
31 amount, which replaced the repealed allowed growth factor in  
32 the redesign legislation.

33 Code sections 222.13 and 222.13A, relating to voluntary  
34 admissions to the state resource centers in general and  
35 for minors in particular, are amended by providing for the

1 department of human services to assume responsibilities for  
2 voluntary admissions of minors instead of counties. Code  
3 section 222.60, relating to financial responsibilities of the  
4 state and counties for the cost of admission or commitment or  
5 for the treatment, training, instruction, care, habilitation,  
6 support, and transportation of persons with an intellectual  
7 disability, is amended. The amendment specifies the county  
8 responsibility is present if the person is not eligible for  
9 the medical assistance (Medicaid) program and the service is  
10 covered by the regional service management plan and the state  
11 is responsible when the person is eligible for the Medicaid  
12 program or is a state case.

13 The following Code sections are repealed: 225C.7, relating  
14 to the MH/DS community services fund which distributed moneys  
15 to counties until the state assumed responsibility for Medicaid  
16 costs from counties in 2012; 225C.12, providing for partial  
17 reimbursement to counties for local inpatient mental health  
18 care and treatment; 225C.18, relating to mental health and  
19 developmental disabilities regional planning councils which  
20 were replaced by regional governing boards and advisory  
21 committees in the redesign legislation; and 226.47, a single  
22 definition section which is replaced in the bill by amending  
23 Code section 226.1 to provide a multiple definition section.